

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006663

1. Entity Name

SPARTUS CORP.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90004 009 ***150.00

703492



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2740 SW MARTIN DOWNS BLVD., SUITE 300
PALM CITY FL 34990

Mailing Address 2740 SW MARTIN DOWNS BLVD., SUITE 300
PALM CITY FL 34990-6019

2. Principal Place of Business 1822 Wiley Post Trail
Suite, Apt. #, etc.

3. Mailing Address 1822 Wiley Post Tr
Suite, Apt. #, etc.

City & State Daytona Beach FL
Zip 32124 **Country** USA

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Zip 32124 **Country** USA

4. FEI Number 51-0336273 **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEES, KERRY S
914 SW 29TH STREET
PALM CITY FL 34990

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Ronald G. Lax* **DATE** 01/13/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PST LAX, RONALD G		STREET ADDRESS	1822 Wiley Post Trail	
CITY-ST-ZIP	2740 SW MARTIN DOWNS BLVD. SUITE 300 PALM CITY FL 34990		CITY-ST-ZIP	Daytona Beach FL 32124	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D THISTLE, PAMELA		STREET ADDRESS		
CITY-ST-ZIP	22672 LIBERTY OAK LANE CUPERTINO CA 95014		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	LAX, DOUGLAS		STREET ADDRESS		
CITY-ST-ZIP	2224 PACIFIC DRIVE CORONA DEL MAR CA 92625		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald G. Lax* **DATE** 1-12-00 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)